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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 February 15	to Cou 5 to Sta	te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	TFOR	SCHO	OOL BUS TR	ANSPOR	TATION	N:
This clain	n is for the	period beginning			,	20 a	and end	ing			., 20
~			]	month	day				month	•	day
CERTIFI											
	mation on	this form is comp			•	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County:			District	:						District I	Level:
42 Richl	and		0745	Sidney E	lem					Eleme	entarv
	District	Route		Miles	Rate					ays	Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capac		Inspection	Оре	rated	Social Security #
70	5	1		52	1.57	78		01/10/05			
70	5	10		100	0.95	22		01/10/05			
70	5	11		64	0.95	26		01/10/05			
70	5	11-A		22	0.95	26		01/10/05			
70	5	11-B		21	0.95	26		01/10/05			<u> </u>
70	5	2		50	1.36	60		01/10/05			
70	5	3		77	1.57	78		01/10/05			
70	5	4		36	1.80	84		01/10/05		,	
70	5	5		26	1.57	78		01/10/05			
70	5	6		87	1.80	84		01/10/05			
70	5	8		99	1.80	84		01/10/05			

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0746 Sidney H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 30 1 1 52 1.57 78 01/10/05 30 1 10 100 0.95 22 01/10/05 64 30 0.95 01/10/05 1 11 26 0.95 11-B 21 26 01/10/05 30 1 2 30 50 1.36 60 01/10/05 30 1 3 77 1.57 78 01/10/05 4 30 1 36 1.80 84 01/10/05 30 5 1.57 78 01/10/05 26 1 6 30 1 87 1.80 84 01/10/05 30 8 99 84

01/10/05

1.80

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE	Feb
<b>DATES:</b>	Feb

			,							
DUE DATES:  First Semester February 1 to County Superintendent February 15 to State Superintendent								May 24 1	Second Semeste to County Superint to State Superinte	ntendent endent
COMPL	ETE TH	IS CLAIM FO	OR STAT	E REIMI	BURSEME	NT FOR S	CHOOL	BUS TRA	NSPORTATION	•
This clair	n is for the	period beginning	3			, 20 an	nd ending _			20
			mo	nth	day			n	nonth d	ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and acc	curate to th	ne best of my kr	nowledge.				
Date Signature, Chair, Board of Trustees										
County: 42 Richl	and		District: <b>0747</b> S	avage I	Elem				District L	
Percentage	District #	Route #	<u> </u>	Miles Per Day	Rate Per Mile	Capacit	ty I	nspection	Days Operated	Bus Driver's Social Security #
52	7J	1		100	1.15	53	C	)1/31/05		
52	7J	2		126	0.95	47	C	01/31/05		
52	7J	3		76	1.15	53		01/31/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:	repluary 1 to County Superintendent							•	Second Semester County Superin State Superinter	tendent
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	SCHOO	L BUS TRAI	NSPORTATION:	
This clain	n is for the	period beginning	I		,	20 aı	nd ending		<b>,</b>	20
			1	nonth	day			m	onth da	ny
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District						District Le	vel:
42 Richl	and		0748	Savage H	I S				High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection	Days Operated	Bus Driver's Social Security #
48	2	1		100	1.15	53		01/31/05		
48	2	2		126	0.95	47		01/31/05		
48	2	3		76	1.15	53		01/31/05		

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District

#

11

11

Percentage

100

100

Route

#

1

1a

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

Miles

Per Day

88

88

Rate

Per Mile

1.36

1.15

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

**Bus Driver's** 

Social Security #

	- neie	:11a, WH 1 3902U-23	וטנ				
DUE DATES:	February 1	First Semester to County Supering to State Supering			Second May 10 to County May 24 to State S	•	:
COMPLE	ETE THIS CLAIM FO	OR STATE REIM	BURSEMENT F	OR SCHOOL	BUS TRANSPORT	ΓATION:	
This claim	is for the period beginning	g month	, 20	and ending	month	, 20 day	
CERTIFI	CATION:						
The information on this form is complete and accurate to the best of my knowledge.							
Date		Signature, Chair, Boar	rd of Trustees				
County:		District:				District Level:	
42 Richle	and	0740 Brorson	Flom			Flomentary	

Capacity

66

55

Inspection

None

01/12/05

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0750 Fairview Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 60 13 1 62 0.95 36 01/11/05 2 60 13 75 0.95 19 01/11/05 3 120.8 0.95 01/24/05 60 13 21 4 0.95 13 48 19 01/11/05 60 5 60 13 48 0.95 19 01/11/05 60 13 5a 49.5 0.95 19 01/11/05 60 13 5b 57.9 0.95 19 01/11/05 60 13 6 184.8 0.95 42 01/11/05 60 13 8 19.6 0.95 42 01/11/05

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **}**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0751 Fairview H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 40 3 1 62 0.95 36 01/11/05 3 2 40 75 0.95 19 01/11/05 3 3 120.8 0.95 01/24/05 40 21 3 4 0.95 48 19 01/11/05 40 3 5 40 48 0.95 19 01/11/05 40 3 5a 49.5 0.95 19 01/11/05 3 40 5b 57.9 0.95 19 01/11/05 40 3 6 184.8 0.95 42 01/11/05 40 3 8 19.6 0.95 42 01/11/05

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		Hele	na, w i	59620-25	01			•			
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning	J		,	20 and e	nding	,2	20		
			r	nonth	day		n	onth da	y		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date	Date Signature, Chair, Board of Trustees										
County: 42 Richl	and		District: <b>0754</b>	Rau Eler	n			District Lev Elemen			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	21	1		28	1.15	54	01/31/05				
100	21	2		108	1.15	54	01/31/05				
100	21	2A		7.8	1.15	54	01/31/05				
100	21	3		47.6	0.95	35	01/26/05				
100	21	3a		8.6	0.95	35	01/26/05				

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 42 Richland 0768 Lambert Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 70 86 1 153.2 0.95 36 01/03/05 2 70 86 70.6 0.95 41 01/03/05 70 3 124.4 0.95 36 01/03/05 86 5 70 93 0.95 86 36 01/03/05

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

First
February 1 to C February 15 to S

			•									
DUE DATES:		February 1 February 1			Second Semester May 10 to County Superintendent May 24 to State Superintendent							
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR S	СНОО	L BUS TRA	NSPOR'	TATION	:	
This claim is for the period beginning					20 and	l ending			,	20		
				month	day				onth		ay	
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	re, Chair, Board	l of Trustees							
County:			:						District Le	evel:		
42 Richl	land		0769	Lambert	HS					High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	7	Inspection		ays rated		Bus Driver's ocial Security #
30	4	1		153.2	0.95	36		01/03/05				
30	4	2		70.6	0.95	41		01/03/05				
30	4	3		124.4	0.95	36		01/03/05				
30	4	5		93	0.95	36		01/03/05				